

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Grace Paulene Barnhart

MARYLAND

Died at New Windsor

Carroll County

Date of death 1906 April

Day 7

Age 1 Years

Months 10

Days 7

Sex Female

Color or Race W

Birth-place Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Father's Name John Albert Barnhart

Father's Birthplace Md

Mother's Maiden Name Elsie C.

Mother's Birthplace Md

Name of person giving  
information Philip B. SnaderHow related  
to deceased No

## CAUSES OF DEATH

Primary Peritonitis

How long 10 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

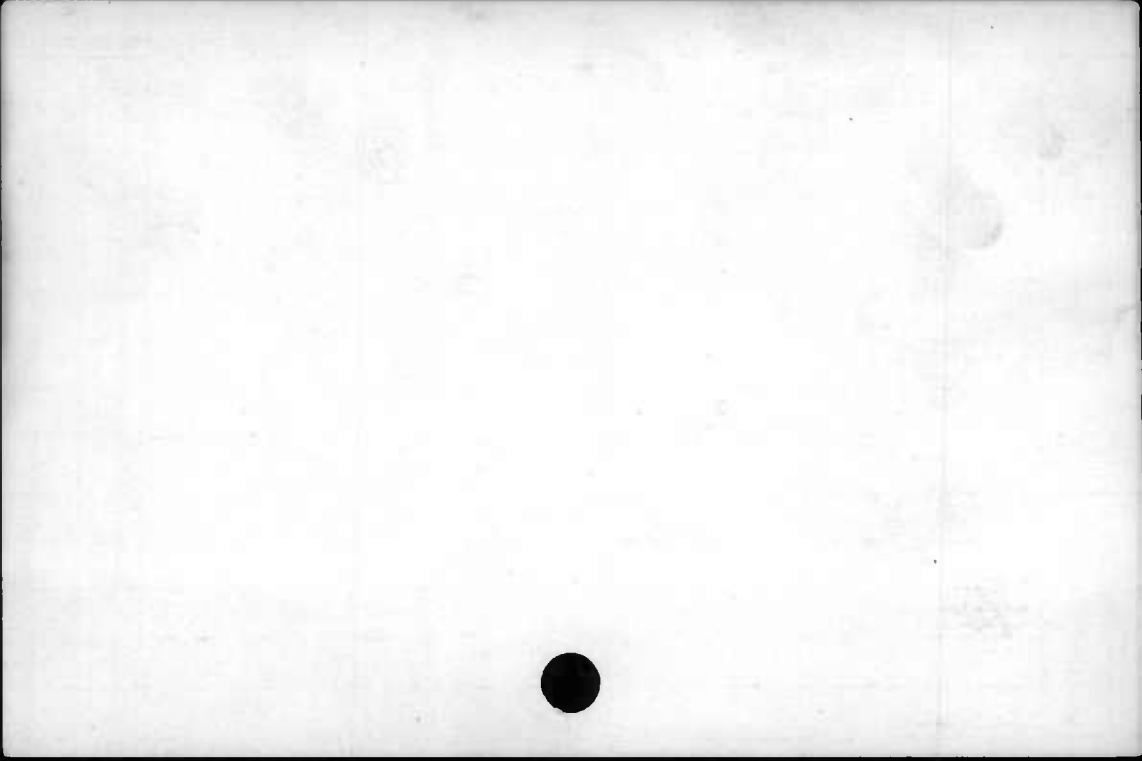
Signature of  
Physician

Address

F. T. Brooks  
Marston

Md

Accident or Suicide?



Name in Full		10 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Town</i> <i>Maria Basler</i>		<i>County</i> <i>Carroll</i>		<b>MARYLAND</b>
	Date of death	Month <i>April</i>	Day <i>22</i>	Years <i>81</i>	Months <i>1</i> Days
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>	
	Occupation <i>Retired</i>	Where Residing if not at place of death			
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Jacob Basler</i>			
	Father's Name <i>Jacob Shore</i>	Father's Birthplace <i>Germany</i>			
	Mother's Maiden Name	Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs Eva Zepf</i>	How related to deceased <i>Daughter</i>				
<b>CAUSES OF DEATH</b>					
PHYSICIAN OR CORONER	Primary <i>Shock, Falling down stairs</i>			How long	
	Immediate <i>"</i>			How long	
	Are the name, age, sex, color, data and place correctly given above? <i>yes</i>			Signature of Physician <i>Jos. J. Keim, M.D.</i>	
				Address <i>Westminster, Md</i>	
Accident or Suicide? <i>md</i>					

Leising County.

Name in Full

Certificate of Death

Elizabeth Bosley Benwager  
 Town County

Died at

MARYLAND

Date 1896 April 6  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living

Husband  
 of

Father's  
 Name

Mother's  
 Name

Cause of

Primary

Immediate

Death

How long sick

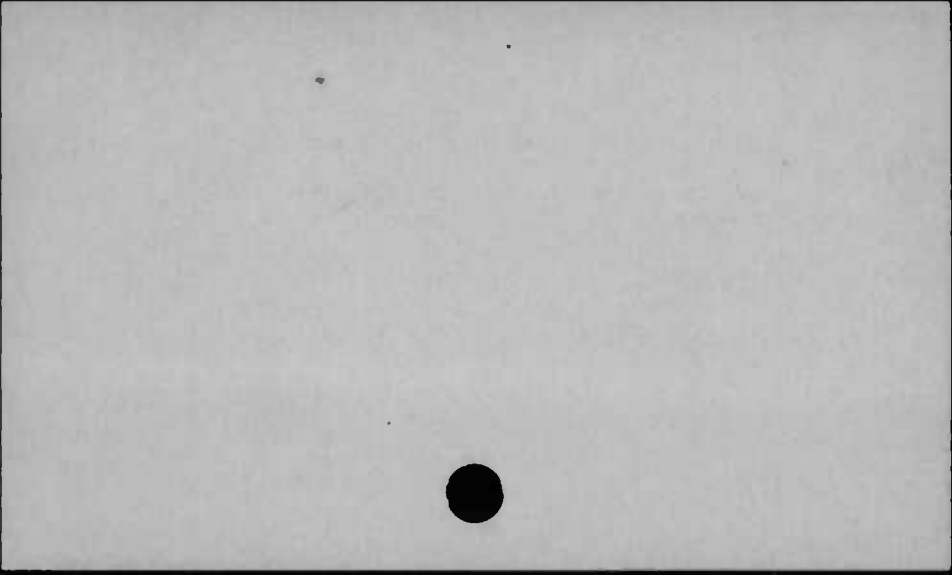
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70005



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Gambon</i>		County <i>Leander</i>		MARYLAND			
	Date of death	1906	Month <i>April</i>	Day <i>20</i>	Age <i>61</i>	Years <i>5</i>	Months <i>7</i>	Days
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
	Occupation <i>Retired Farmer</i>		Where Residing if not at place of death					
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rebecca Cook</i>						
	Father's Name <i>George J. Brannan</i>		Father's Birthplace <i>Germany</i>					
	Mother's Maiden Name <i>Lucilia Rudolf</i>		Mother's Birthplace <i>VI</i>					
	Name of person giving information <i>R W Barnes</i>		(17)		How related to deceased <i>Son &amp; Daughter</i>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Hemorrhage of Kidney</i>		How long <i>2 weeks</i>					
	Immediate <i>Suppression of urine - Uremia</i>		How long <i>"</i>					
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. J. M. Gorman</i>					
	<i>D. J. M. Gorman</i>		Address <i>Gambon</i>					
	Accident or Suicide? <i>No</i>		<i>No</i>					

Shaver

Gambon



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

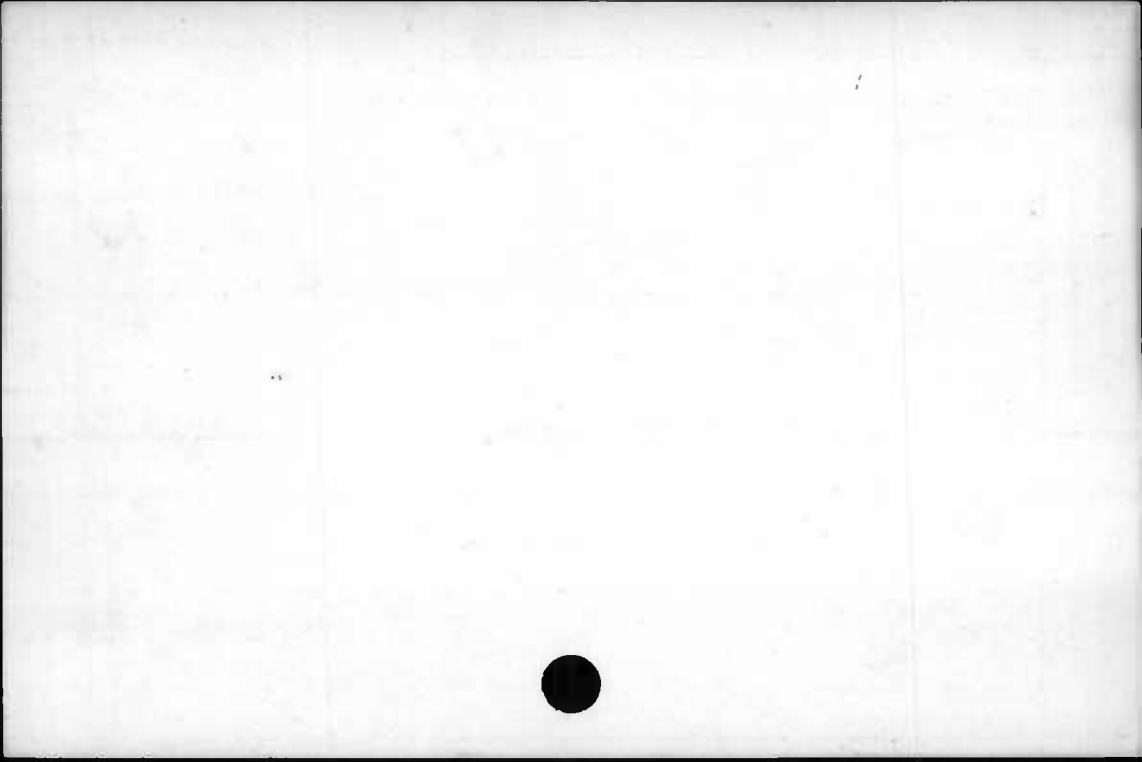
MARYLAND

Died at *New Windsor* <sup>Town</sup> *Carroll* <sup>County</sup>Date of death *1906* <sup>Month</sup> *April* <sup>Day</sup> *15* <sup>Years</sup> Age *44* <sup>Months</sup> <sup>Days</sup> *15*Sex *Female* <sup>Color or</sup> ~~Race~~ <sup>Birth-place</sup> *md*Occupation *Housewife* <sup>Where Residing if not</sup> <sup>at place of death</sup> *New Windsor*Married, ~~Single~~ <sup>or Widowed</sup> *Single* <sup>Name of Wife or</sup> <sup>Husband</sup> *Edward Brightfull*Father's Name *Richard Sanders* <sup>Father's Birthplace</sup> *md*Mother's Maiden Name *Francis Davis* <sup>Mother's Birthplace</sup> *md*Name of person giving information *Edward Brightfull* <sup>How related to deceased</sup> *Husband*

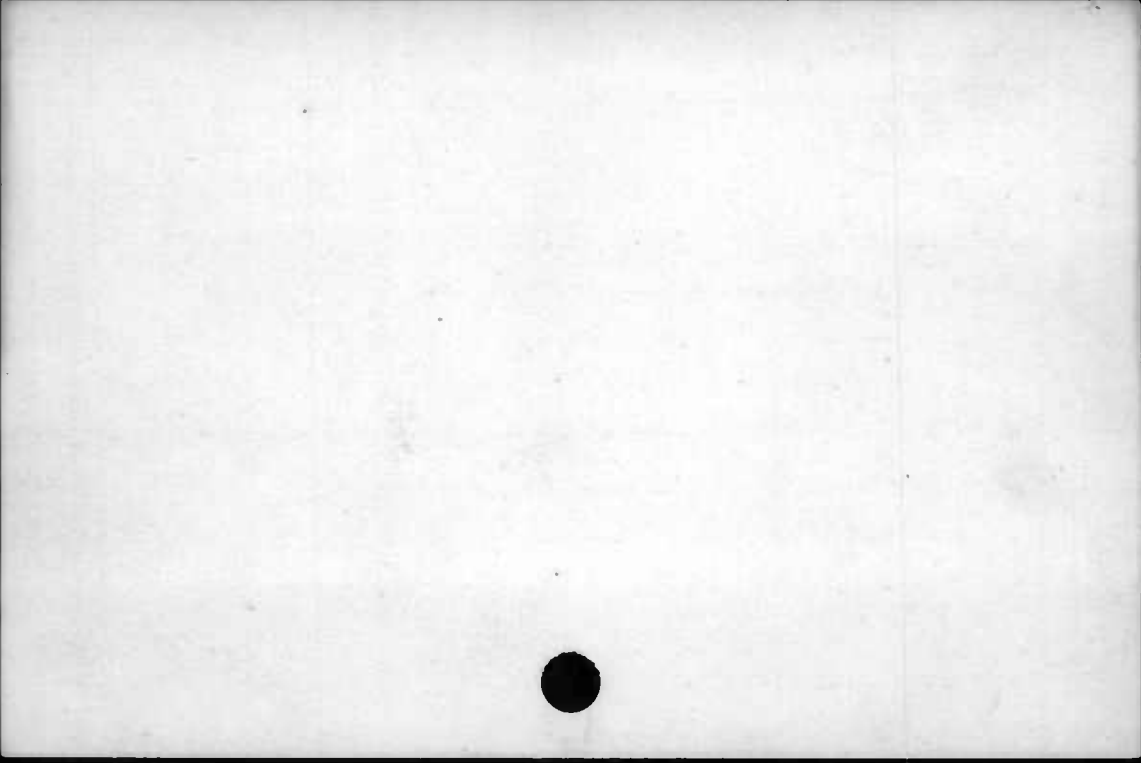
## CAUSES OF DEATH

Primary *Phthisis* <sup>How long</sup> *27*Immediate *Cardiac dilatation* <sup>How long</sup>Are the name, age, sex, color, date and place correctly given above? *yes* <sup>Signature of Physician</sup> *Wm. Ira E. Whitehill*<sup>Address</sup> *New Windsor*

Accident or Suicide?



Name in Full		George Burns				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Manchester	County Carroll		MARYLAND	
		Date of death		1906	Month April	Day 17	Age 77	Months 1
							Years 22	
		Sex		Male		Color or Race	White	
		Occupation		Farmer		Birth-place	Carroll Co	
						Where Residing if not at place of death	Manchester Md	
PHYSICIAN OR CORONER		Married, Single or Widowed		Yedond		Name of Wife or Husband Amanda Burns.		
		Father's Name		George Burns		Father's Birthplace Carroll Co		
		Mother's Maiden Name		Lydia Miller		Mother's Birthplace Carroll Co.		
		Name of person giving information		J W H L Faus.		How related to deceased Son in Law.		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Pleurisy		How long 4 days		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J H Sherman M.D.		
				Address		Manchester Md		
		Accident or Suicide?						



Name  
in  
Full

Alexander Carr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <small>Town</small>		<i>Carrow</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>April</i> <small>Day</small>	<i>9</i> <small>Age</small>	<i>80</i> <small>Years</small>	<i>29</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind.</i>
Occupation	<i>Retired Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Catharine Doll</i>		
Father's Name	<i>Samuel Carr</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Sydney Randall</i>		Mother's Birthplace	<i>Ind.</i>	
Name of person giving information	<i>Audie L Morgan</i>		How related to deceased	<i>Grand daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>3 yrs</i>
Immediate	<i>Ephemeria &amp; Heart trouble</i>	How long	<i>6 Weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm. D. Wells</i>
		Address	<i>Westminster Md</i>
Accident or Suicide?			

Sharon

Warfieldston

Name  
in  
Full

Adam Clarke

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Taney Town* *Carroll*

MARYLAND

Date of death *1906* *Apr.* *23* Age *71* Months *3* Days *16*Sex *Male* Color or Race *White* Birth-place *Lumey Pa*Occupation *Retired Hunter* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Ellen Shoemaker*Father's Name *Samuel Clarke* Father's Birthplace *Pa*Mother's Maiden Name *Margaret Grubbs* Mother's Birthplace *Pa*Name of person giving information *Oda Clarke* How related to deceased *daughter*

## CAUSES OF DEATH

Primary *Cerebral Hemorrhage* How long *10 days*Immediate *Paralysis* How long *10 days*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*L. Birnie**Taney town*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name in Full

Certificate of Death

No. 133

Died at

Town

County

MARYLAND

Date 19

06

Month

Day

4 19

Y.

M.

D.

Age

68

Native of

Virginia

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Hemiplegia

Death

Immediate

How long sick

10 mo.

~~Accident, Suicide, Homicide~~

Reported by

W. Edwin Brown M. D.

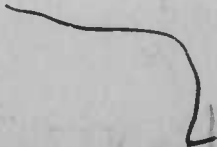
Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Virginia



Name  
in  
Full

## CERTIFICATE OF DEATH

Peter Deull

Town

County

MARYLAND

Died at

Westminster

Date

Month

Day

Years

Months

Days

of death

1906

April

21

Age

82

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Reck

Father's  
Name

don't know

Father's  
BirthplaceMother's  
Maiden Name

" "

Mother's  
BirthplaceName of person giving  
In formation

Mary Deull

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Old age

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Thos. J. Coonan M.D.

Address

Westminster

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Shannon

Manchester - N. H.

Name  
in  
Full

William Flickinger

## CERTIFICATE OF DEATH

Died at Union Mills Town Carroll County

MARYLAND

Date of death 1906 April 30 Age 76 Months 6 Days 7

Sex male Color or Race White Birth-place Carroll Co. Md.

Occupation Retired Farmer Where Residing if not at place of death Union Mills Md.

Married, Single or Widowed Name of Wife or Husband Maria Flickinger

Father's Name John Flickinger Father's Birthplace Maryland

Mother's Maiden Name Doroth Knobel Mother's Birthplace Maryland

Name of person giving information How related to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

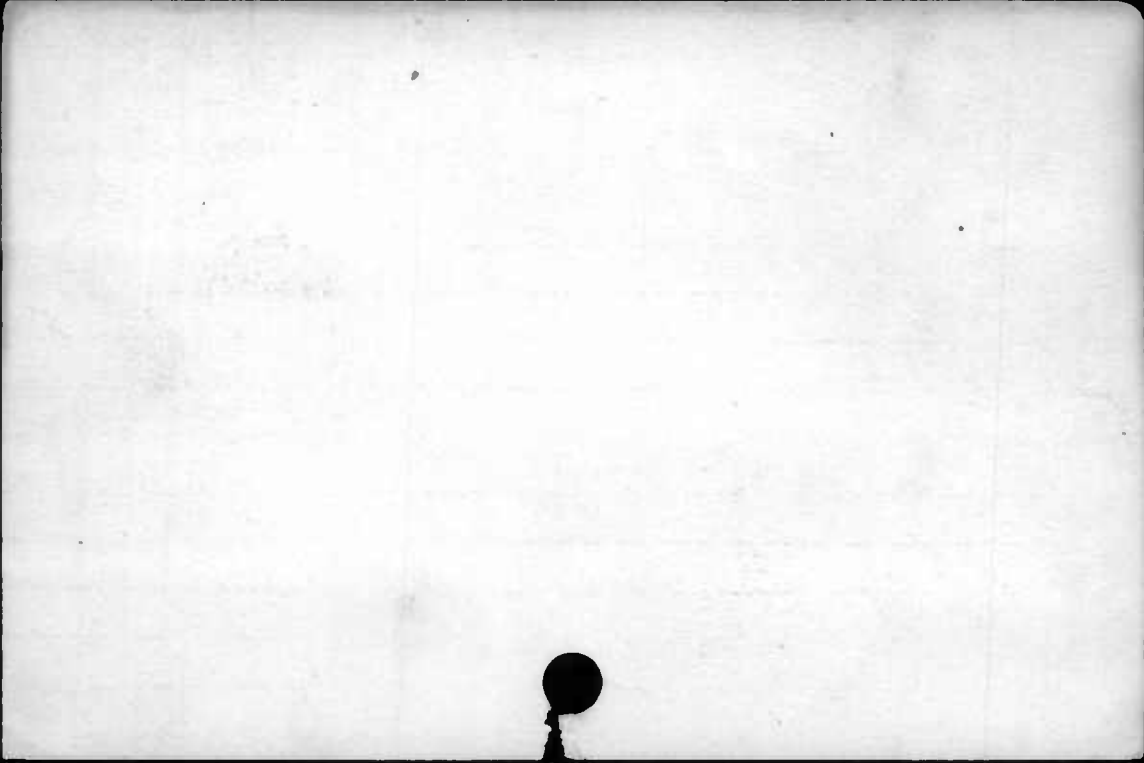
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Christina P. Holtz

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Maple Grove

<sup>County</sup> Carroll

MARYLAND

Date of death 1906 April 7

Age 78 Years

8 Months

24 Days

Sex Female

Color or Race White

Birth-place Germany

Occupation

Where Residing if not at place of death

Married, Single or Widowed Widow

Name of Wife or Husband Phillip Holtz

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

C. W. Holtz

How related to deceased Son

CAUSES OF DEATH

Primary Abdominal Tumors

How long 20 yrs

Immediate Effect of Fractured Pelvis

How long 2 yrs

Are the name, age, sex, color, date and place correctly given above

Signature of Physician

Address

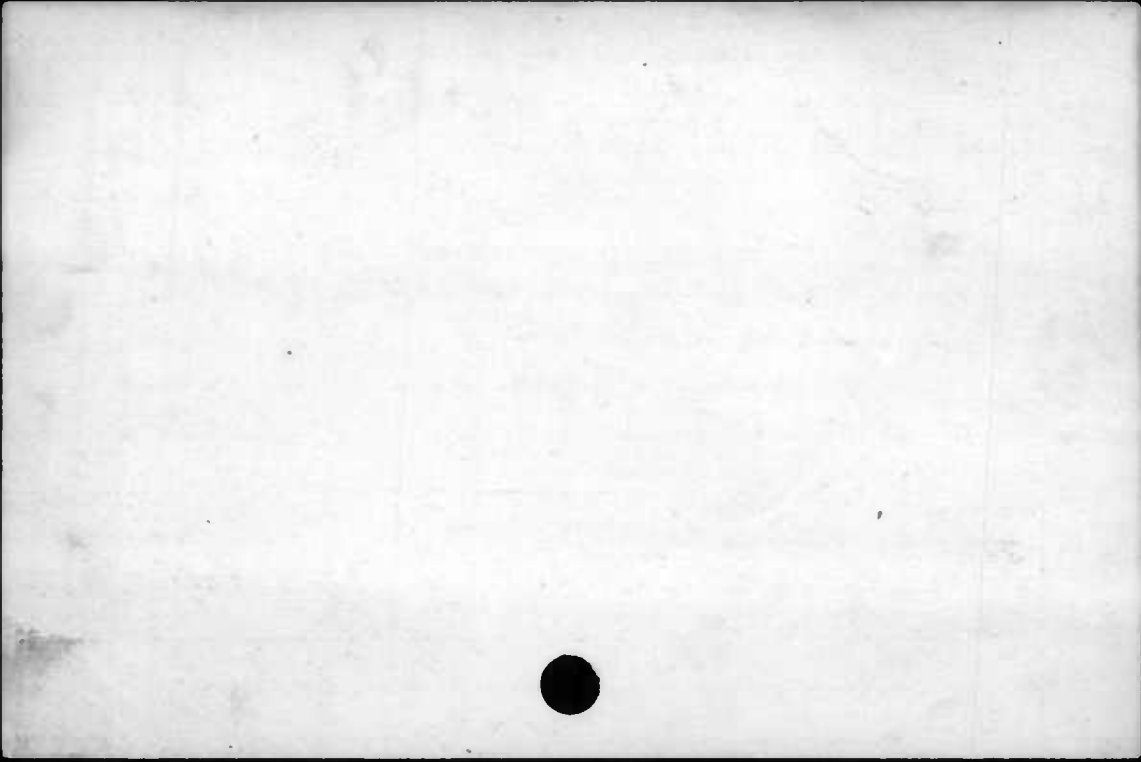
L. A. Prudden M.D.  
Manchester

Me.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Tobias H. Fringer

## CERTIFICATE OF DEATH

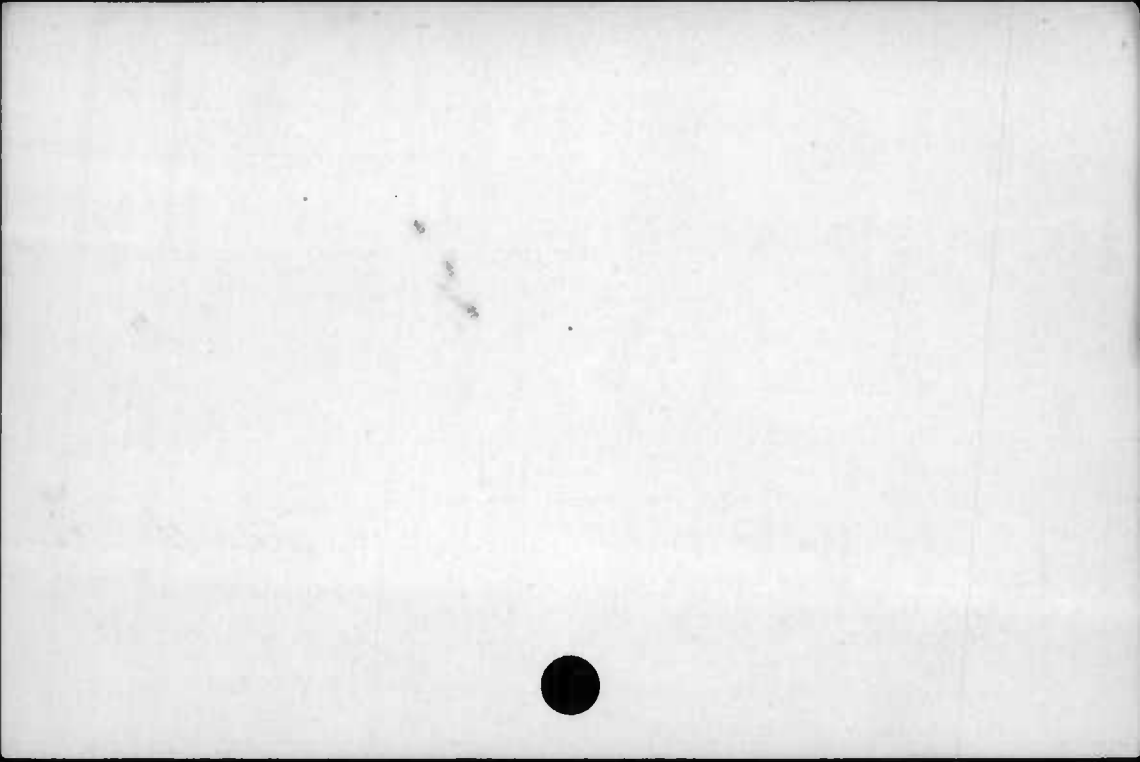
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Taneytown</i>		County <i>Leann</i>		MARYLAND	
Date of death	Month <i>Apr</i>	Day <i>13</i>	Years <i>65</i>	Months <i>2</i>	Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha Rudolph</i>				
Father's Name <i>Nicholas Fringer</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Katherine Bushman</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Martha Fringer</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Leptospirosis</i>	How long <i>2 days</i>
Immediate <i>Crisis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Let B. B. B. B. B.</i>
	Address <i>Taneytown</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Lennie A. Monahan Trish

## CERTIFICATE OF DEATH

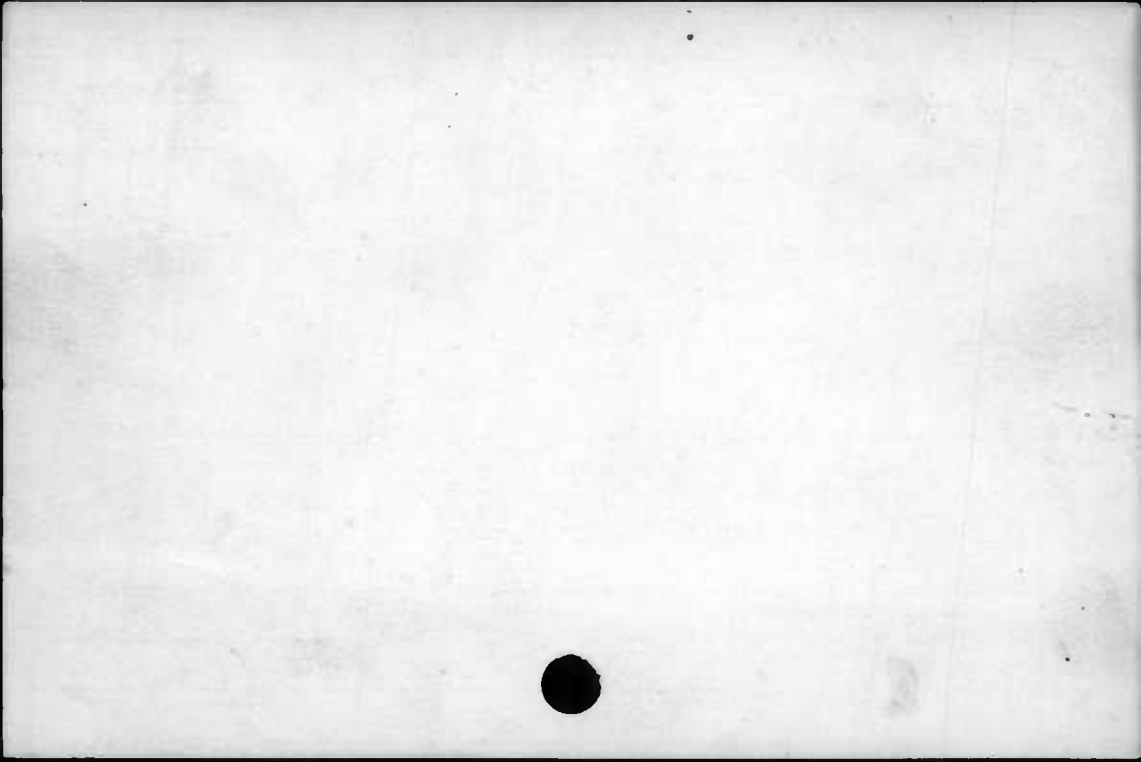
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Melrose</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u> <sup>Year</sup> <u>April</u> <sup>Month</sup> <u>6</u> <sup>Day</sup>	Age	<u>44</u> <sup>Years</sup>	Months	<u>20</u> <sup>Days</sup>
Sex	<u>Male</u>	Color or Race	<u>white</u>	Birth-place	<u>Md</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<u>Theodore Trish</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Ida Zepp</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Theo Trish</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Nephritis</u>	How long	<u>3 days</u>
Immediate	<u>Uremia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>John S. Zieglert M.D.</u>
		Address	<u>Melrose Md</u>
Accident or Suicide?			



Name  
in  
Full

Isiah Hamm.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

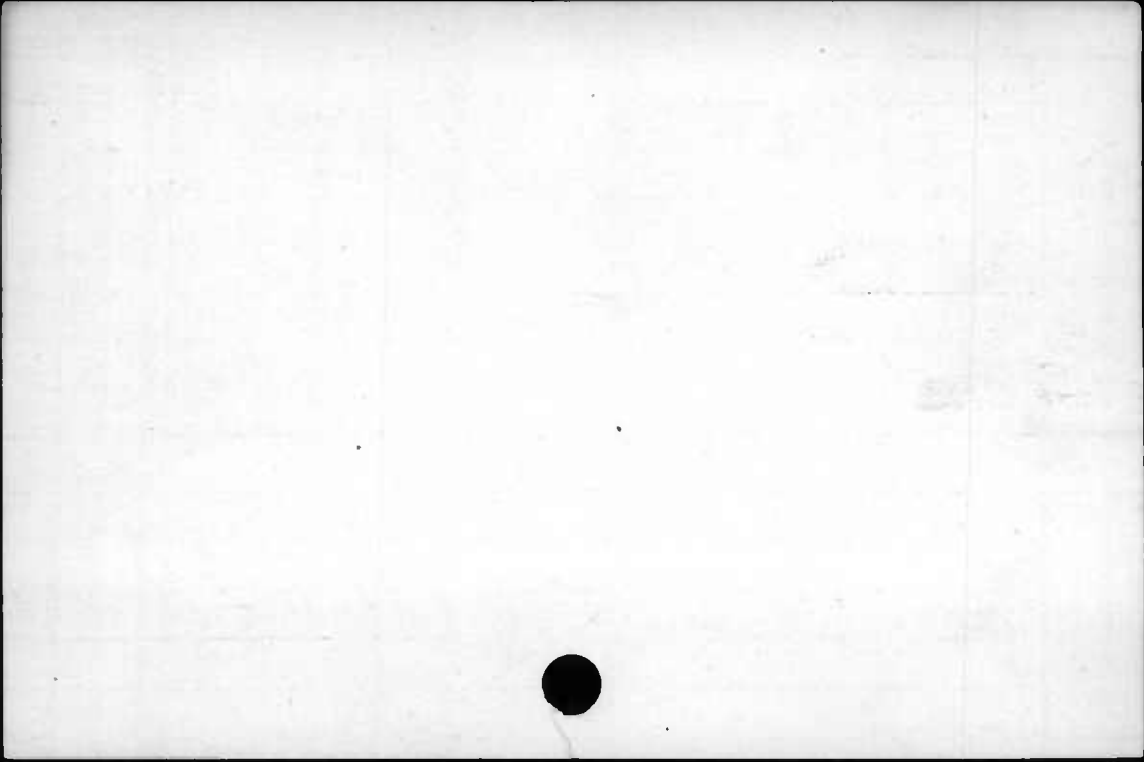
MARYLAND

Died at <i>Medford</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>			
Date of death	<i>1906</i>	Month	<i>April</i>	Day	<i>18</i>
		Years	<i>76</i>	Months	<i>10</i>
		Age	<i>76</i>	Days	<i>17</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>md</i>
Occupation	<i>Retired</i>		Where Residing if not at place of death <i>Medford</i>		
<del>Married, Single</del> Widowed	Name of Wife or Husband		<i>mean keeper</i>		
Father's Name	<i>Philip Hamm</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name				Mother's Birthplace	<i>md</i>
Name of person giving information	<i>John Koomtz</i>			How related to deceased	<i>son-in-law</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright Disease</i>	How long	<i>3 years</i>
Immediate	<i>Uraemic Poisoning</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Glenn Winterson</i>
		Address	<i>New Windsor</i>
Accident or Suicide?			



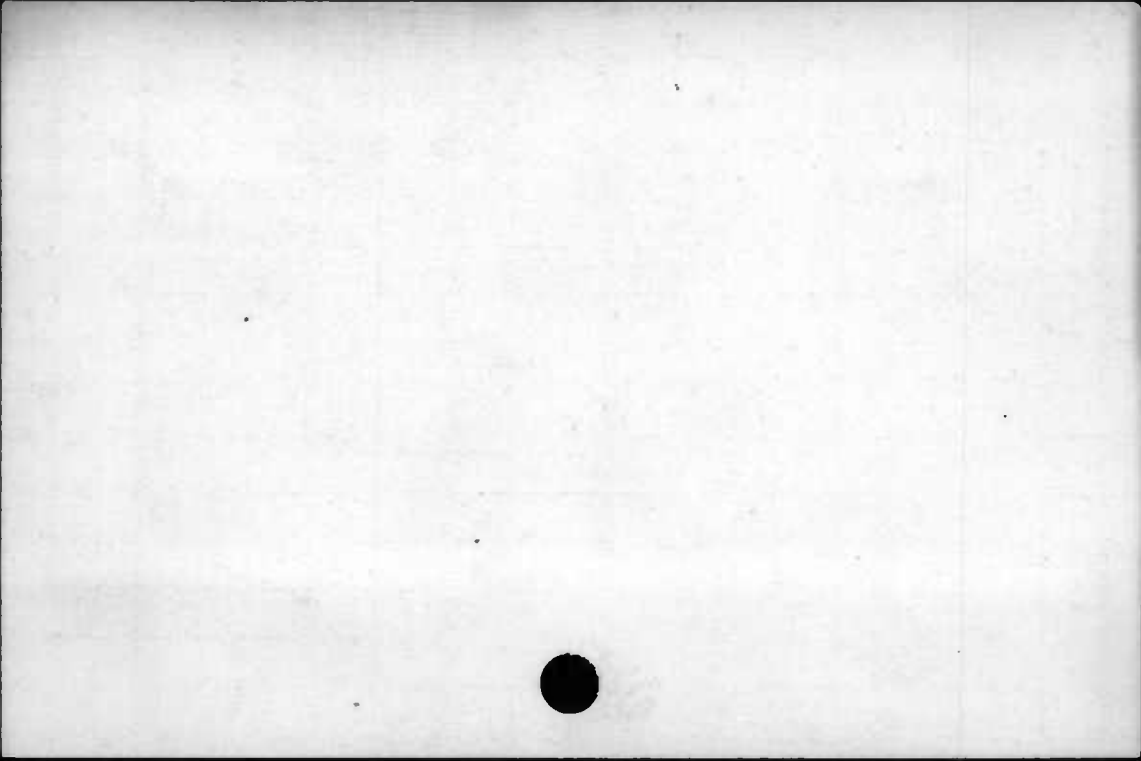
Name  
in  
Full

## CERTIFICATE OF DEATH

Name in Full <u>Balpheus Harmon</u>		Town <u>Baughmans Mill</u>		County <u>Carroll</u>		State <u>MARYLAND</u>	
Died at <u>Baughmans Mill of Carroll</u>		Date of death <u>1906</u>		Month <u>April</u>		Day <u>15</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Age <u>5</u>		Months <u>—</u>	
Occupation <u>—</u>		Birthplace <u>Baughmans</u>		Where Residing if not at place of death <u>—</u>		Days <u>5</u>	
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>Ella Harmon</u>		Father's Name <u>Otto Harmon</u>		Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Ella - Skull</u>		Name of person giving information <u>Otto Harmon</u>		Mother's Birthplace <u>Maryland</u>		How related to deceased <u>Father</u>	

## CAUSES OF DEATH

Primary	<u>Trismus Neonatorum</u>	How long	<u>1 day</u>
Immediate	<u>Do</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John Szeigler</u>	
		Address <u>Melrose</u>	
Accident or Suicide? <u>—</u>		<u>Md.</u>	





Name  
in  
Full

## CERTIFICATE OF DEATH

Augusta L. Huizman

Town

County

Porter

Carroll

MARYLAND

Died at

Date

of death 1906 Apr 13

Day

Age

Years

49

Months

11

Days

=

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Housewife

Where Residing if not  
at place of death

— — —

Married, Single  
or Widowed

Yes

Name of  
Husband

Wm. H. Huizman

Father's  
Name

Frank Klunder

Father's  
Birthplace

Germany

Mother's  
Maiden Name

— — —

Mother's  
Birthplace

Germany

Name of person giving  
Information

Wm. H. Huizman

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Cold

How long

3 weeks

Immediate

Bronchial Asthma

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

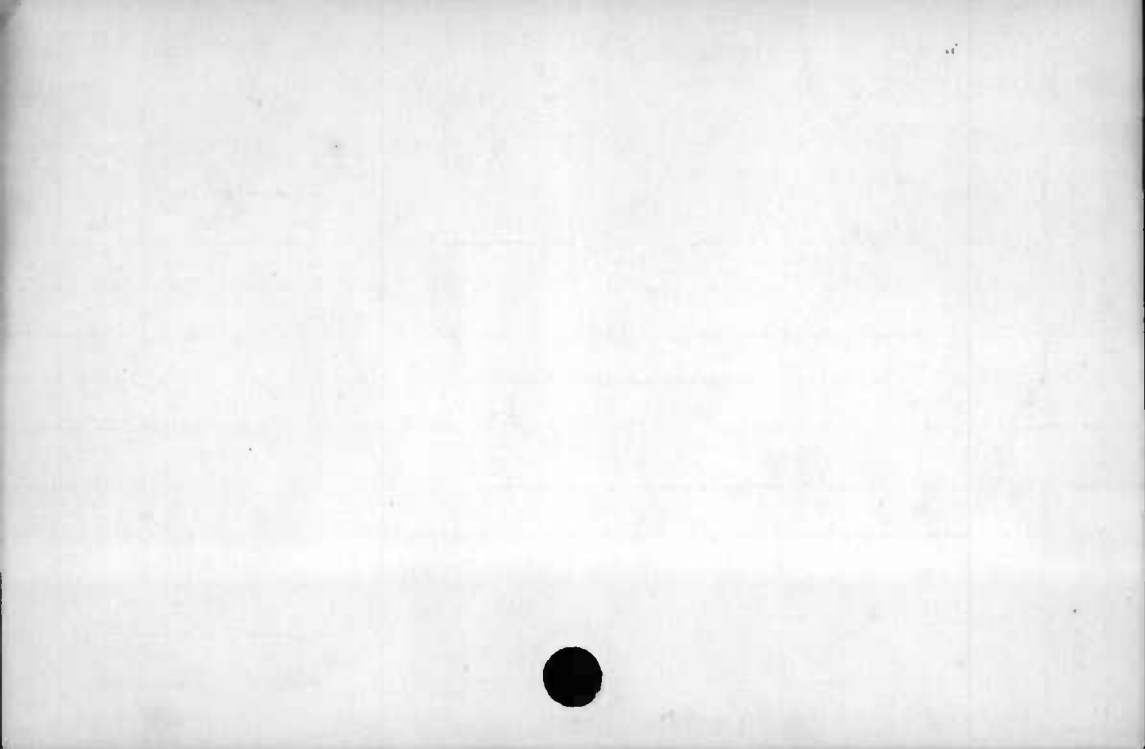
E. D. Cronk

Address

Winfield  
Carroll Co., Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Blanche Mabel Herring

CERTIFICATE OF DEATH

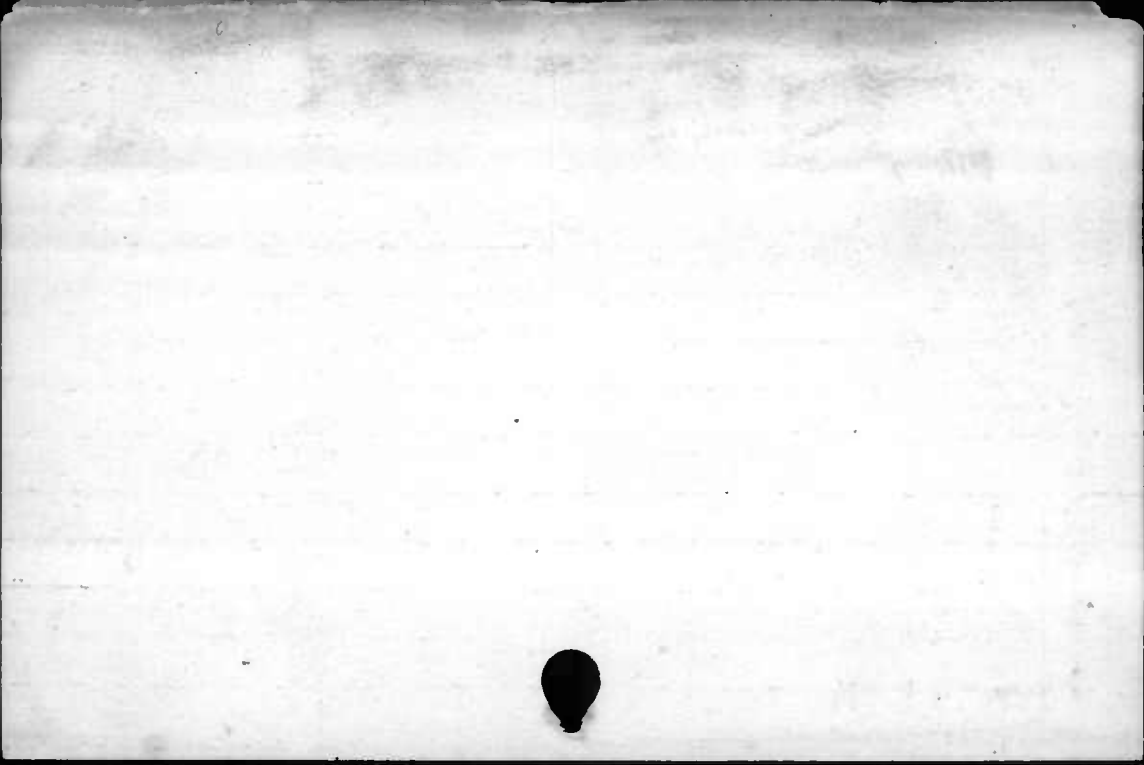
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sykesville</i>		County <i>Carrroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>19</i>	Age <i>—</i>	Months <i>—</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>D. Roby Herring</i>			Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Carrie DeVries</i>			Mother's Birthplace <i>md.</i>		
Name of person giving information <i>D. Roby Herring</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Primarily born (7 mos.)</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>MD Morris</i>
	Address <i>Eldersburg md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Sarah Hood ✓

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Mt. Airy <sup>County</sup> Carroll **MARYLAND**

Date of death 1906 <sup>Month</sup> Apr <sup>Day</sup> 6 Age <sup>Years</sup> 72 <sup>Months</sup> 1 <sup>Days</sup>

Sex Female Color or Race White Birth-place

Occupation Where Residing if not at place of death

Married, Single  
or WidowedName of Wife or  
Husband

Father's Name Nimrod Harrison

Father's Birthplace

Mother's Maiden Name Mary A. Beecraft

Mother's Birthplace

Name of person giving information Harvey Hood

How related to deceased

son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cancer

How long

5-7 yrs

Immediate Peritonitis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

70

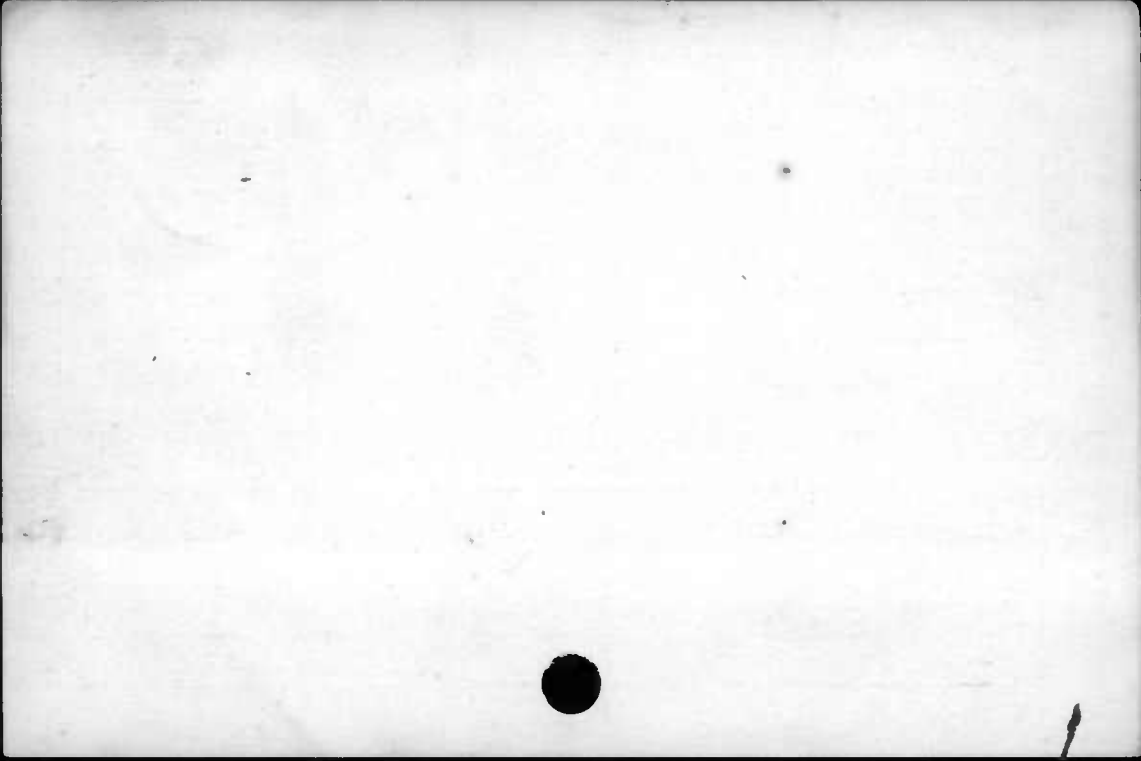
Signature of Physician

W. E. Gaver

Address

Mt. Airy

Accident or Suicide?



Name  
in  
Full*Julia A. Ingles*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Taylorville</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>			
Date of death 190 <i>6</i>	Month <i>4</i>	Day <i>19</i>	Age Years <i>79</i>	Months <i>4</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>House hold</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Jacob Stein (deceased)</i>			Father's Birthplace <i>Ohio.</i>		
Mother's Maiden Name <i>Hannah Engle (deceased)</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>James A. Barnes</i>			How related to deceased <i>Son-in-Law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis.</i>	How long <i>Two years &amp; ten months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. T. Frank</i>
	Address <i>Mt Airy Md</i>
Accident or Suicide?	





Name  
in  
Full

Infant Child

Knox

~~\_\_\_\_\_~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gaucher</u> Town		County <u>Carroll</u>		MARYLAND	
Date of death	1906	Month	April	Day	20
Age	Years		Months		Days
Sex	Male		Color or Race	White	
Birth-place	Md				
Occupation	_____		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Geo B Knox		Father's Birthplace	
Mother's Maiden Name		Jenny B Matthews		Mother's Birthplace	
Name of person giving information		Geo B Knox		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature birth	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
No Physician		J. C. Shaver	
in attendance		Address	
Accident or Suicide?		Westminster Md	

Sharon

Gaucher

Name  
in  
Full

Claude Lease

## CERTIFICATE OF DEATH

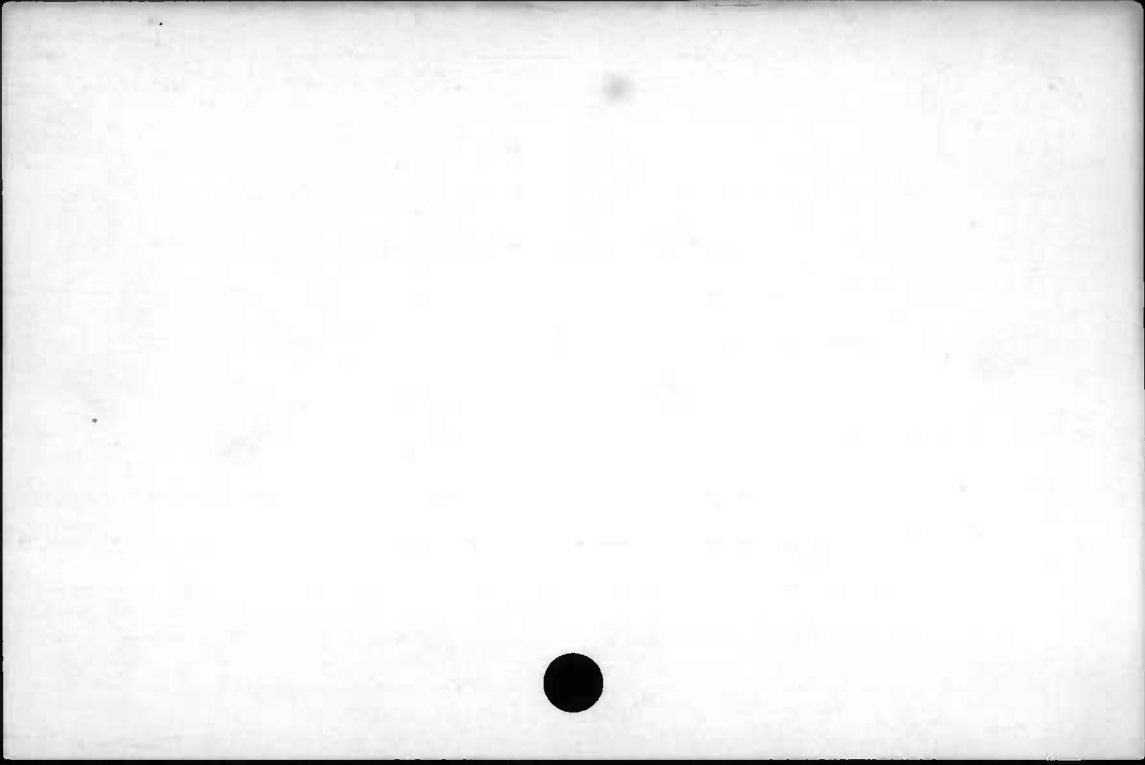
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deep Run</i> <sup>Town</sup>		<i>Carmel</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>14</i>	Age <i>2</i>	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>md -</i>		
Occupation			Where Residing if not at place of death		
<del>Married</del> , Single or <del>Widowed</del>			Name of Wife or Husband		
Father's Name <i>William Lease</i>			Father's Birthplace <i>Pa -</i>		
Mother's Maiden Name <i>Mary Heiser</i>			Mother's Birthplace <i>md -</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Diphtheria</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. A. Keagy</i>
	Address <i>Pleasant Hill Pa -</i>
Accident or Suicide?	



Name in Full

Certificate of Death

*John Thomas Lesner*  
 Died at *Manchester Carroll* *County* *MARYLAND*

Date ~~189~~ *1906* *4* - *23* Age *75* *1* *9* *Germany* *Farmed*  
 Male White Married ~~Widow~~ Divorced  
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *one*

Husband of *Sophia Lesner*  
 Wife  
 Father's Name *\_\_\_\_\_* Mother's Name *\_\_\_\_\_*

Cause of Death { Primary *Vertigo* Immediate *Paralysis* }  
 How long sick *12 days*  
 Accident, Suicide, Homicide

Reported by *H. F. B. Weaver M.D.*  
 Address *Manchester, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79706



Name

in  
Full

## CERTIFICATE OF DEATH

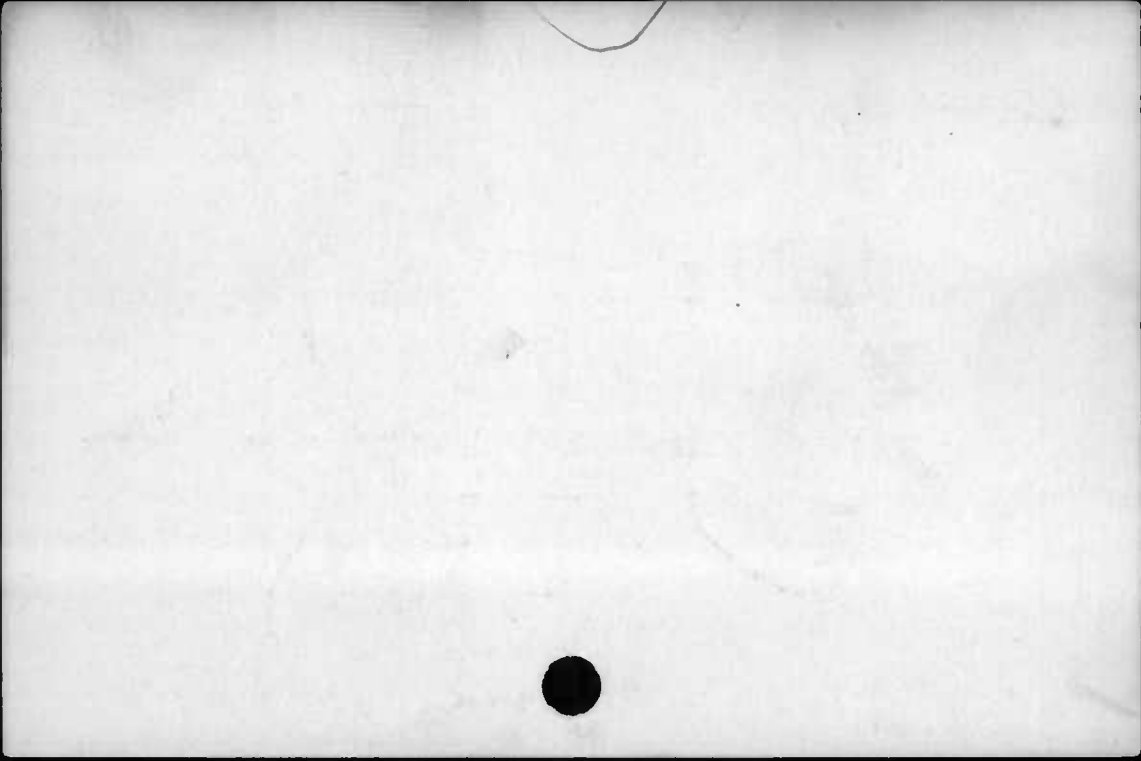
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Julia Ann. Lockard</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>near Westminster</i>		Date of death <i>1906 April 25</i>		Age <i>86</i>		Months <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Days <i>17</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Widow</i>		Name of <del>Wife or</del> Husband <i>Joshua Lockard</i>					
Father's Name <i>John. Beaver</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Ann. Robinson</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Joshua Lockard</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>6 days</i>
Immediate	<i>Heart Failure</i>	How long	<i></i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. J. Coonan M.D.</i>	
		Address <i>Westminster</i>	
Accident or Suicide?			





Name in Full		Ella V. Lookingbill				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Union Bridge		County Carroll		MARYLAND
	Date of death	1906	Month 4	Day 28	Age	Years 46	Months —
	Sex	female		Color or Race	white		Birth-place Piper Creek
	Occupation	Housewife			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband	Chas Lookingbill		
	Father's Name	John Haines				Father's Birthplace	Ind
	Mother's Maiden Name	Mary Haines				Mother's Birthplace	Ind
Name of person giving information	Harry Haines				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Spasmodic Asthma (97)				How long	1 1/2 hours
	Immediate	Heart				How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	H. Thurbin Brown	
					Address	Union Bridge	
Accident or Suicide? —							

Pipe Creek

Name  
in  
Full

Ellen M. C. Cauley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <u>Eldersburg</u> <sup>County</sup> <u>Carroll</u>		MARYLAND										
Date of death	1906	Month	April	Day	6	Age	Years	76	Months	—	Days	—
Sex	Female		Color or Race	White		Birth-place	Maryland					
Occupation	none					Where Residing if not at place of death	same					
Married, Single or Widowed	Widow		Name of Wife or Husband	—								
Father's Name	David Hammond							Father's Birthplace	Md.			
Mother's Maiden Name	Anna Newcomer							Mother's Birthplace	Md.			
Name of person giving information	Simon Kolibart							How related to deceased	Bro.-in-law			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>aortic insufficiency</u>	How long	<u>3 yrs</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>M. D. Morris</u>
		Address	<u>Eldersburg.</u>
			<u>Md.</u>
Accident or Suicide?			



Name  
in  
Full

Blanche McLain

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rykesville</i>		Town <i>Carroe</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>4<sup>th</sup></i>	Day <i>28<sup>th</sup></i>	Age <i>25</i>	Years	Months <i>8</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> <i>William McLain</i>					
Father's Name <i>Christian D. McCauley</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Ammie J. Moore</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>William McLain</i>		How related to deceased <i>Husband</i>					

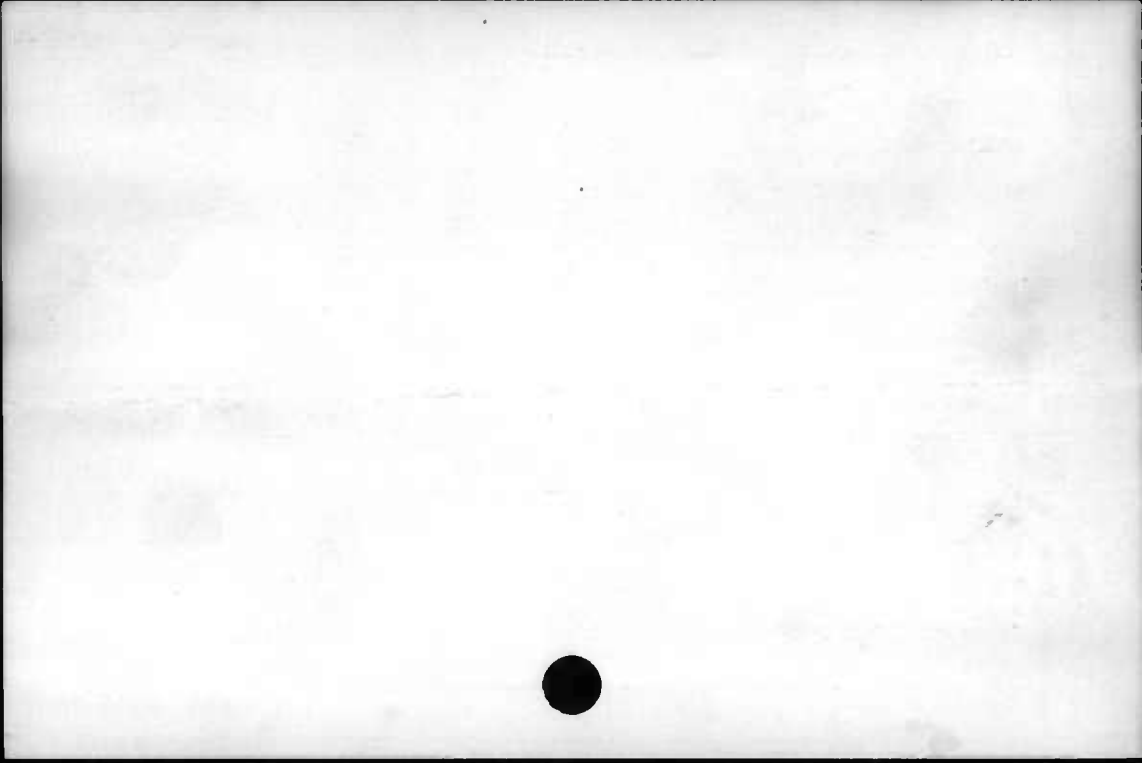
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Mania</i>	<i>(18)</i>	How long <i>5 weeks</i>
Immediate <i>Exhaustion</i>		How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Norfolk Morris, M.D.</i>
		Address <i>Springfield Hospital, Rykesville, Carroe Co. Md.</i>
Accident or Suicide? <i>No.</i>		

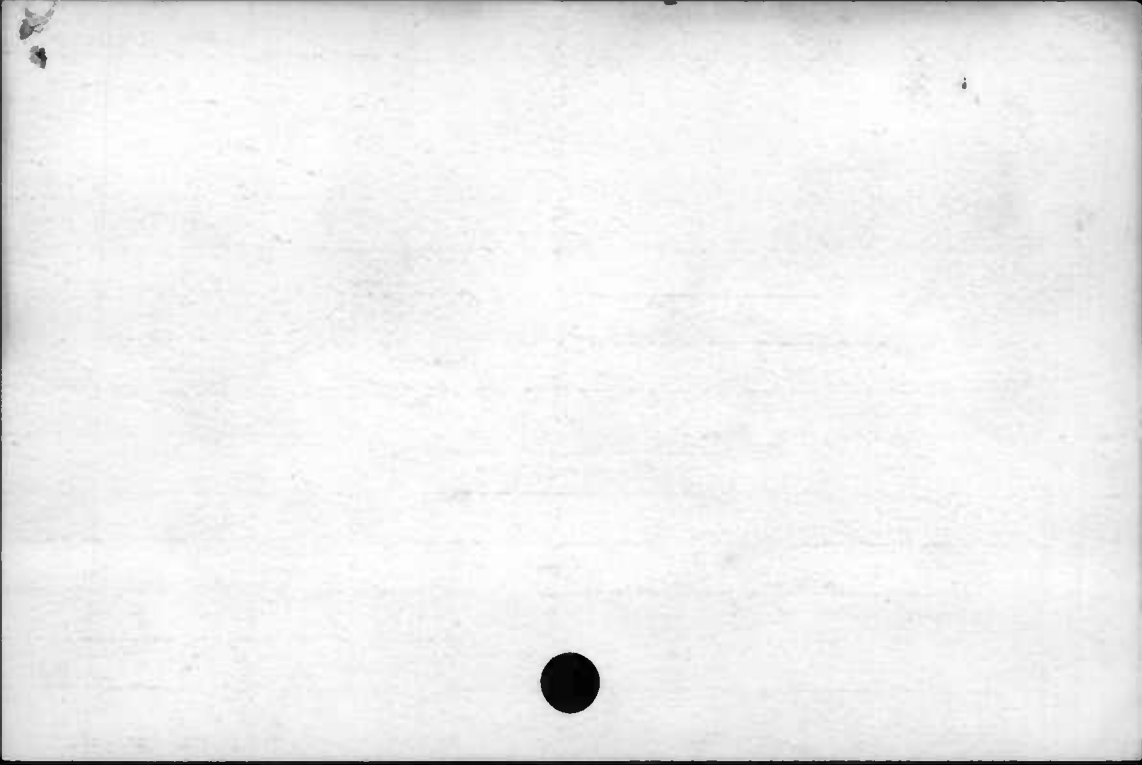


Name in Full		Joseph Morrison				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Springfield State Hospital		County Carroll		MARYLAND
	Date of death	1906	Month April	Day 21	Age 34	Years	Months Days
	Sex	Male		Color or Race	White		Birth-place Ireland
	Occupation	Electrician		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name					Father's Birthplace	Ireland
	Mother's Maiden Name					Mother's Birthplace	17
Name of person giving information	Hospital records				How related to deceased —		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	General paresis				How long	2 yrs
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		To best of my knowledge		Signature of Physician Chas. J. Carey		
					Address Sykesville Md.		
	Accident or Suicide?						





Name in Full		Mrs Mary J. O'Neal				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Herrington	County Carroll		MARYLAND	
	Date of death	1906	Month April	Day 24	Age 71	Years 10	Months 14
	Sex	Female		Color or Race	White		Birth- place
	Occupation			Where Residing if not at place of death		Ellicott City Md.	
	Married, Single or Widowed	Widow		Name of Wife or Husband	William O'Neal		
	Father's Name	unknown				Father's Birthplace	
	Mother's Maiden Name	unknown				Mother's Birthplace	
Name of person giving In formation	W. H. O'Neal				How related to deceased	Son	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		
	Bronchiectasis & Myocarditis				6 mos		
	Immediate				How long		
	Oedema of Lungs				2 weeks		
Are the name, age, sex, color, date and place correctly given above?				Yes			
Signature of Physician				Daniel B. Sreeker			
Address				Sykesville Md			
Accident or Suicide?							



Name  
in  
Full

Ida L Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Greenmount</u>		Town <u>Carroll</u>		County		MARYLAND	
Date of death	190 <u>6</u>	Month <u>apr</u>	Day <u>8</u>	Age	Years <u>2</u>	Months <u>8</u>	Days <u>26</u>
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Green Mount</u>
Occupation <u></u>				Where Residing if not at place of death <u>Greenmount</u>			
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u></u>				
Father's Name <u>Oliver Price</u>				Father's Birthplace <u></u>			
Mother's Maiden Name <u>Agnes Price</u>				Mother's Birthplace <u></u>			
Name of person giving information <u></u>				How related to deceased <u>(9)</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Membranous Scurvy</u>	How long	<u>one week</u>
Immediate	<u>Asphyxiated</u>	How long	<u>Half hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>R. F. Richardson</u>
		Address	<u>Hampton</u>
Accident or Suicide? <u></u>			



Name  
in  
Full

Christian Rausch

## CERTIFICATE OF DEATH

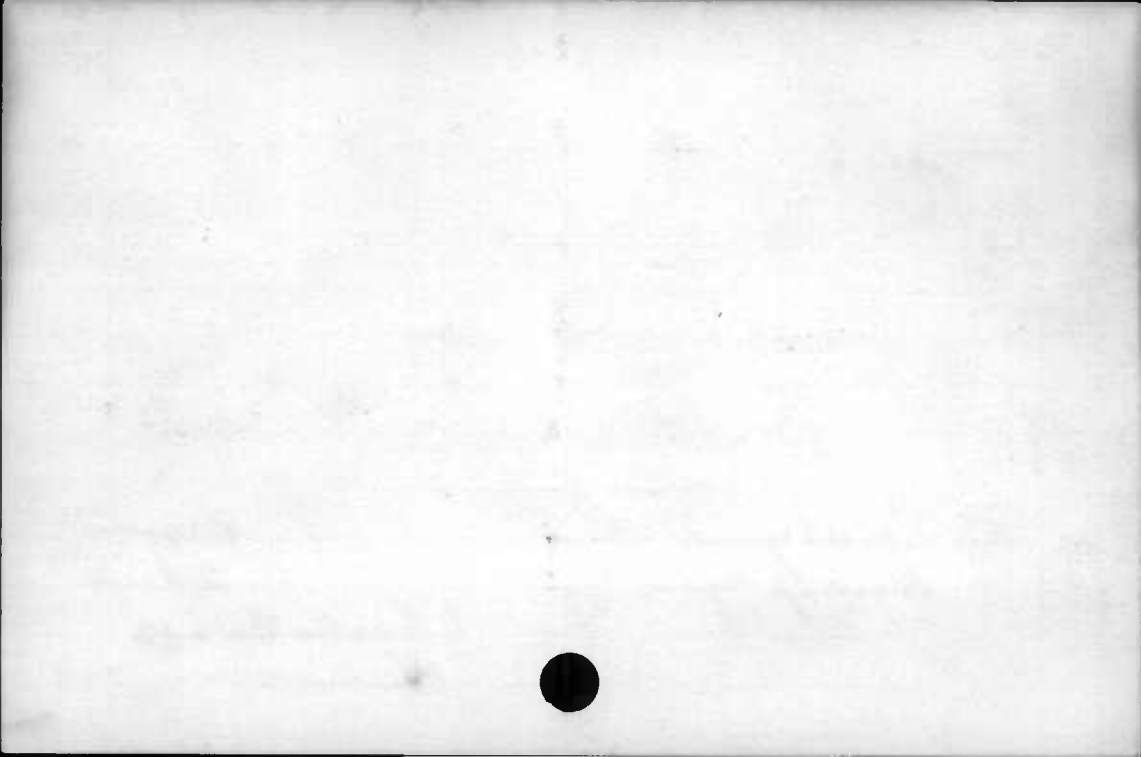
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Springfield Hospital</u>		Town <u>Carroll</u> County		MARYLAND		
Date of death <u>1906</u>	Month <u>4<sup>th</sup></u>	Day <u>13<sup>th</sup></u>	Age <u>69</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>			
Occupation <u>Tailor</u>			Where Residing if not at place of death			
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband				
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information <u>Hospital Records</u>			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Rheumatic fever</u>	How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>To test</u>	Signature of Physician
<u>of my knowledge</u>	Address <u>W. Henry Fisher M.D.</u> <u>Sylmarville Md.</u>
Accident or Suicide?	



Name  
in  
Full

William Bendollar

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Taneytown <sup>County</sup> CarrollDate of death 1906 <sup>Month</sup> 4 <sup>Day</sup> 29 <sup>Years</sup> Age 84 <sup>Months</sup> 6 <sup>Days</sup> 16

Sex Male Color or Race White Birth-place Taneytown

Occupation Retired Physician Where Residing if not at place of death

Married, Single  
or WidowedName of Wife or  
Husband

Father's Name Henry Bendollar

Father's  
Birthplace

Mother's Maiden Name Leolusa Crouse

Mother's  
BirthplaceName of person giving  
Information Mrs Geo MotterHow related  
to deceased Daughter

## CAUSES OF DEATH

Primary Paralysis

How long 3 weeks

Immediate Hemiplegia

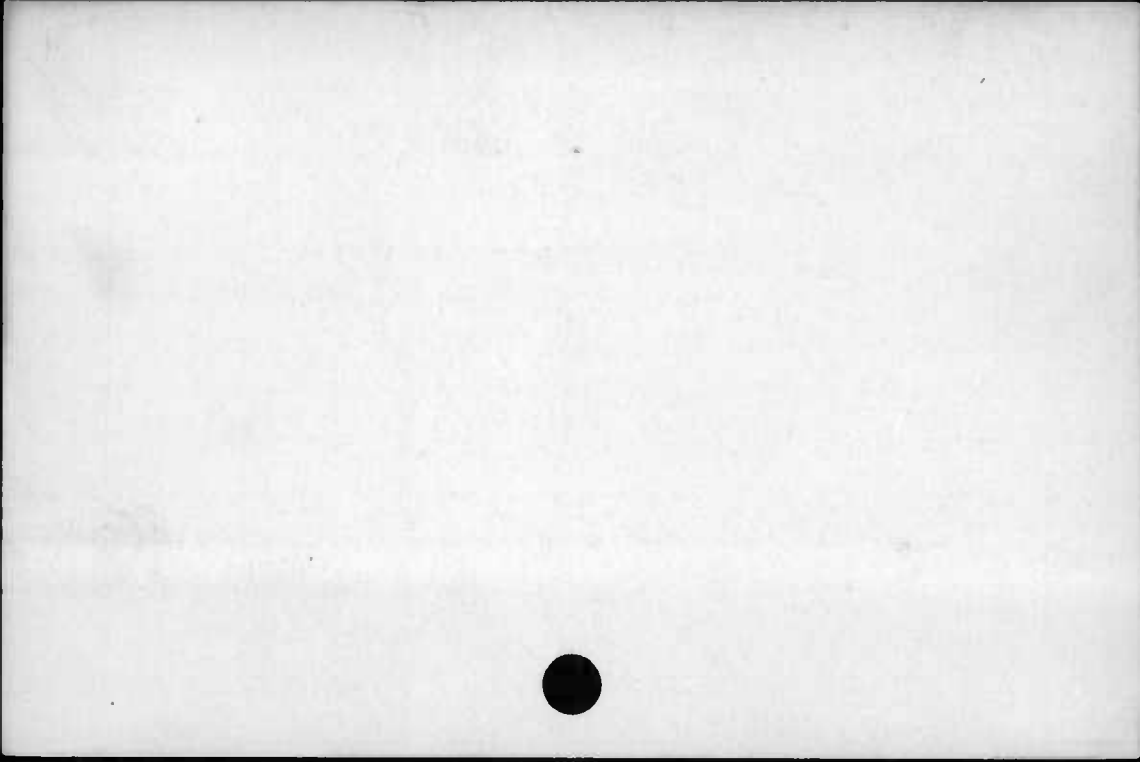
How long 2 days

Are the name, age, sex, color, date  
and place correctly given above? YesSignature of  
PhysicianCharles E. Crook  
Taneytown Md.

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Abbie Sheen

12  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup> <i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Apr.</i>	Day <i>25</i>	Age <i>85</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Not known</i>	Months Days 
Occupation 		Where Residing if not at place of death 	
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Reunis Sheen</i>		
Father's Name 	Father's Birthplace 		
Mother's Maiden Name 	Mother's Birthplace 		
Name of person giving information <i>Mrs Pius Cooper</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Dilatation</i>	How long <i>several years</i>
Immediate <i>Heart Failure</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. R. Foubt, M.D.</i>
	Address <i>Westminster, Md.</i>
Accident or Suicide? 	

Ellsworth Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

Grove A. Shipley

Town

County

MARYLAND

Died at Westminister

Leanor

Date

Month

Day

Years

Months

Days

of death 1906 April 20 Age 80 10 20

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Ann Brothers

Father's  
Name

Grove Shipley

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Louisa Conway

Mother's  
Birthplace

11

Name of person giving  
Information

Mary Ann Shipley

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Pneumonia

How long

2 days

Immediate

Heart

How long

8 hours

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

John S. Watkins  
Washington Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Shaner  
Mt Zion

Name  
in  
Full

Lizzie S. H. Shipley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near Eldersburg

<sup>County</sup> Carroll

Date of death 1906

Month, April

Day 30

Age

Years 64

Months 11

Days 2

Sex Female

Color or Race

White

Birth-place

Md.

Occupation

none

Where Residing if not at place of death

Married, ~~Single~~ or ~~Widowed~~

Married

Name of ~~Wife~~ Husband

Edwin M. Shipley

Father's Name

Perry Bennet

Father's Birthplace

Md.

Mother's Maiden Name

Ellen Higgins

Mother's Birthplace

Md.

Name of person giving information

Edwin M. Shipley

How related to deceased

Husband

CAUSES OF DEATH

Primary

Senility

How long

Immediate

Valvular Heart Disease

How long

1 yr

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

M. D. Hodges

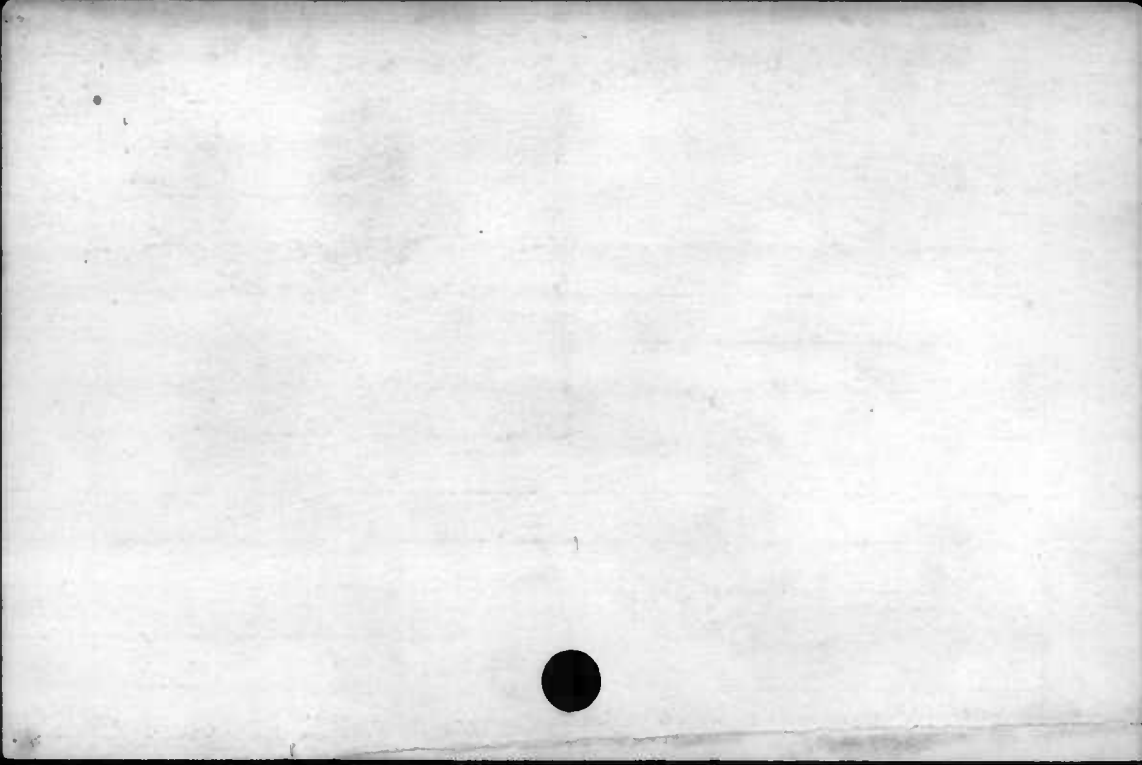
Address

Eldersburg

Md.

Accident or Suicide?

—



Name  
in  
Full

Levi Shriner

## CERTIFICATE OF DEATH

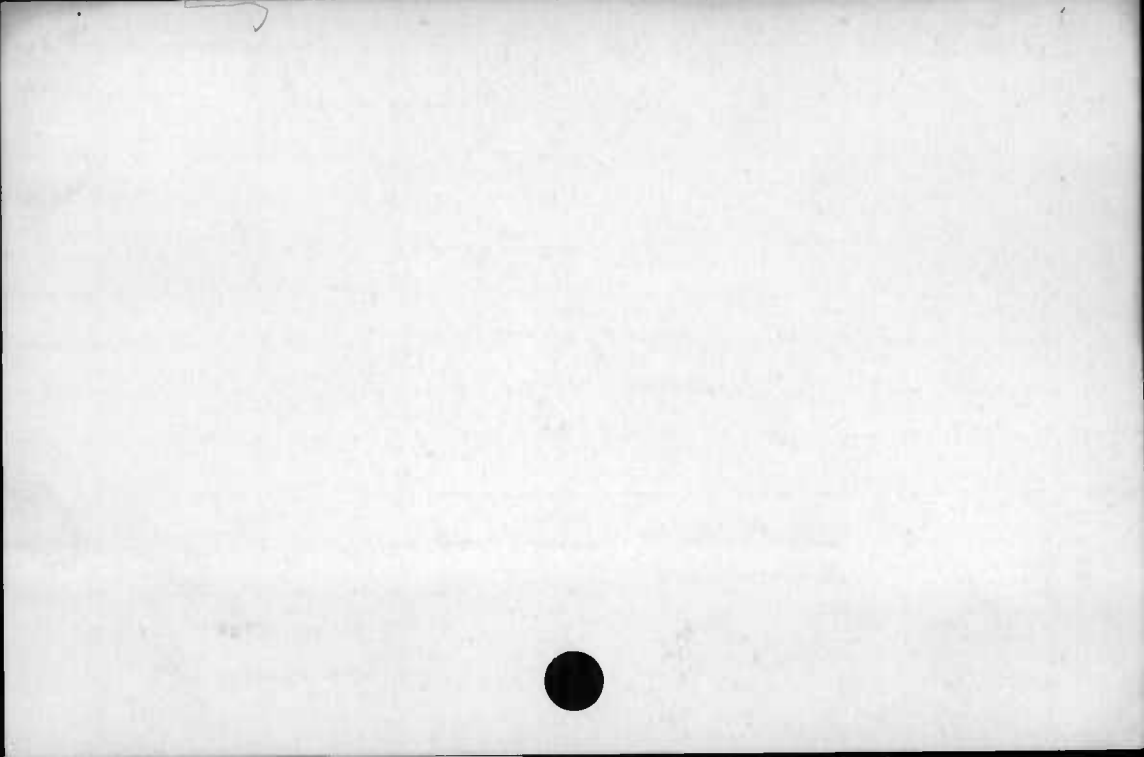
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harney</i> Town		<i>Carroll</i> County		MARYLAND									
Date of death	1906	Month	4	Day	27	Age	65	Years		Months	7	Days	7
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>						
Occupation	<i>Farmer</i>					Where Residing if not at place of death							
Married, <del>Single</del> <del>or Widowed</del>	Name of Wife or Husband					<i>Sophia Shriner</i>							
Father's Name	<i>Samuel Shriner</i>					Father's Birthplace	<i>Ind</i>						
Mother's Maiden Name	<i>Mary Ann McHenry</i>					Mother's Birthplace	<i>Ind</i>						
Name of person giving information	<i>Sophia Shriner</i>					How related to deceased	<i>Wife</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Securities</i>	How long	<i>1 year</i>
Immediate	<i>and age</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Charles D. Ross</i>
		Address	<i>Harney town Ind</i>
Accident or Suicide?			





Name  
in  
Full

David Keener Shriver

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Westminster

Carroll

Date

Month

Day

Years

Months

Days

of death

1906 April

10

Age

60

5

23

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Salesman

Where Residing If not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
~~Husband~~

Clementine M Snader

Father's  
Name

Augustus Shriver

Father's  
Birthplace

MD

Mother's  
Maiden Name

Maria L. Keener

Mother's  
Birthplace

do

Name of person giving  
Information

Carrie Shriver

How related  
to deceased

daughter

CAUSES OF DEATH

Primary

Head Disease & Dropsy

How long

6 months

Immediate

Cardiac Syncope

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes (19)

Signature of  
Physician

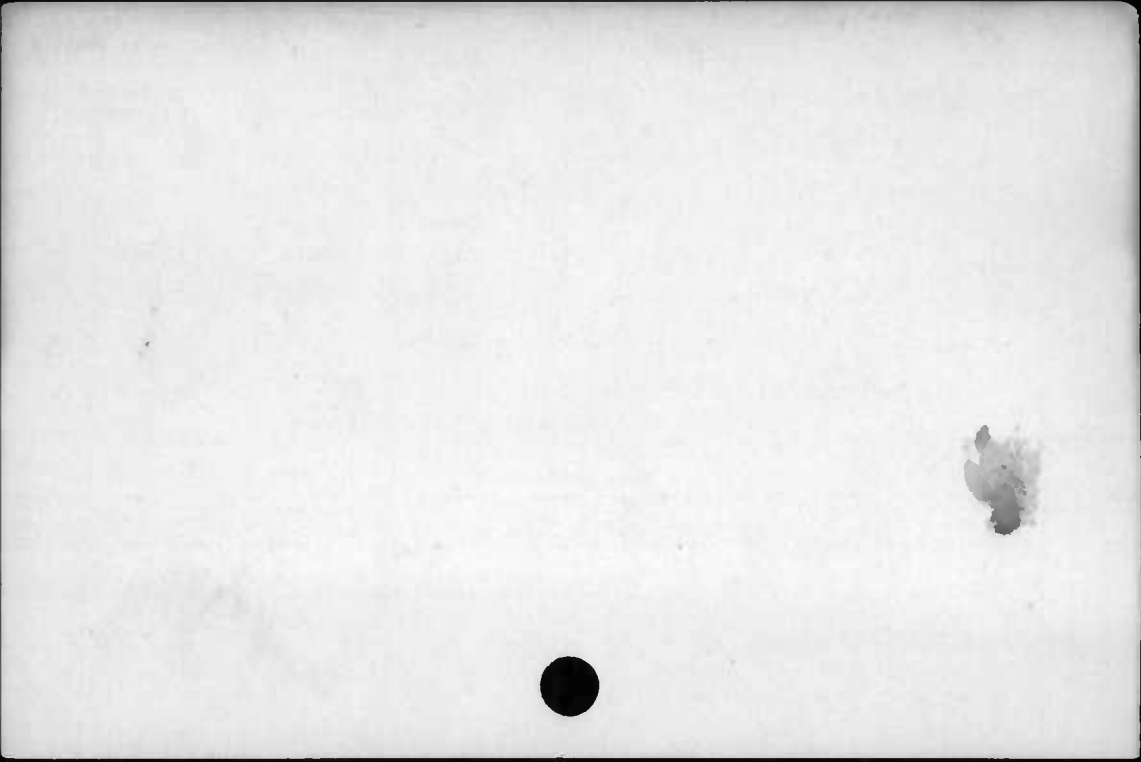
Address

Geo. J. Haring  
Westminster  
MD

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles Spott

## CERTIFICATE OF DEATH

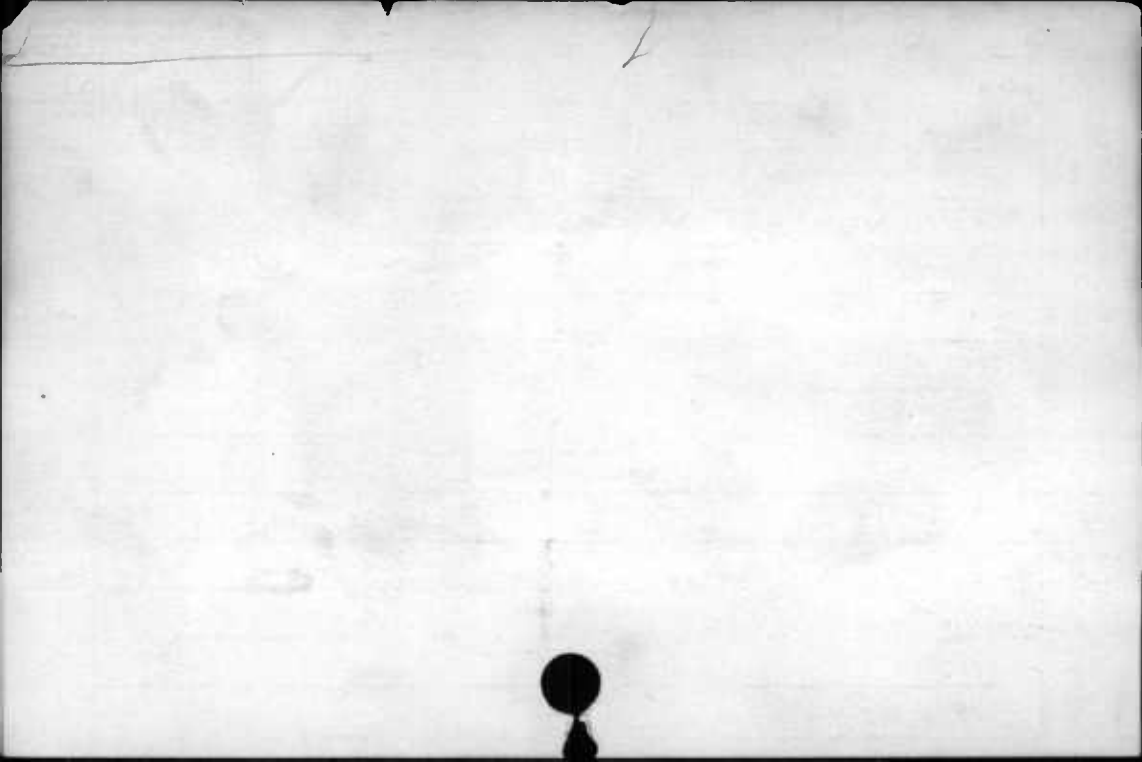
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>April</i>	Day <i>4</i>	Age <i>44</i>	Years <i>44</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Va.</i>				
Occupation <i>Engraver</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs Curie Spott</i>					
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information <i>Hospital record.</i>					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Alcoholic Insanity</i>	How long <i>about 2 yrs</i>
Immediate <i>Cerebral Congestion</i>	How long <i>6 hrs.</i>
*Are the name, age, sex, color, date and place correctly given above? <i>To best of my knowledge</i>	Signature of Physician <i>Chas. J. Carey</i>
Accident or Suicide? <i>No</i>	Address <i>Lykensville Md</i>



Name in Full

Certificate of Death

Rosa Stern

Town

County

Died at Union Bridge

Carroll

MARYLAND

Date 1906 Month 4 Day 3 Age 39 Y. 6 M. 4 D. Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ Divorced  
Female ~~Colored~~ Single Widower Number of children living 2

Husband of David Stern

Father's Name John Skinner

Mother's Name Mary Skinner

Cause of Death Primary Phrenitis & Apoplexy How long sick 16 months

Immediate Heart failure Accident, Suicide, Homicide

Reported by Dr. D. E. T. H. A.

Address Union Bridge Md

Must be signed by physician, if any in attendance, otherwise by minister, undertaker or minister.

LIBRARY BUREAU, 65968

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Name in Full

Certificate of Death

Town

County

MARYLAND

Died at *Near New Windsor, Carroll*

Date *1906* *4* *25* Y. *11* M. *4* D. *Wed* Native of *none* Occupation *none*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Widowed ☐ Divorced ☐ Number of children living *none*

Husband of  
Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

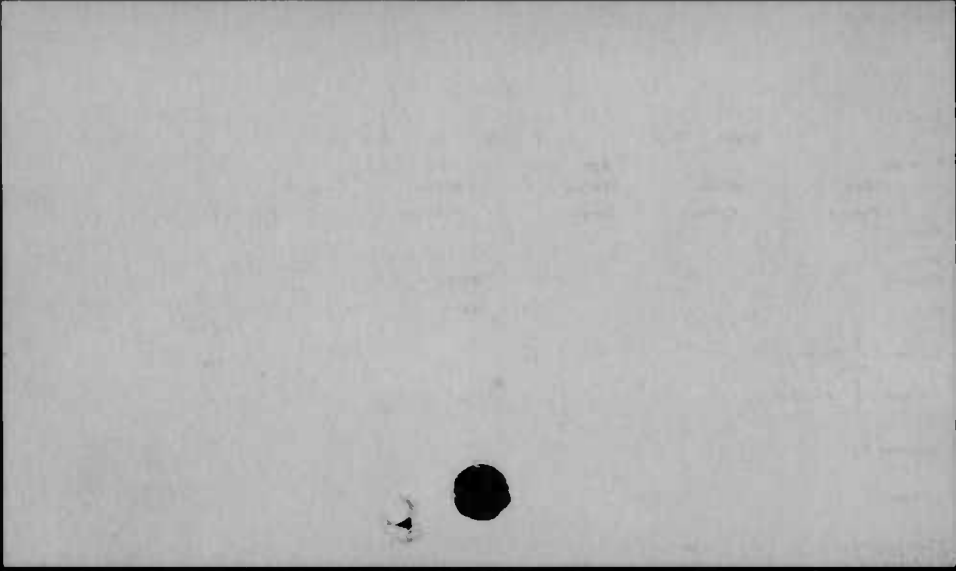
Accident, Suicide, Homicide

Reported by

Address

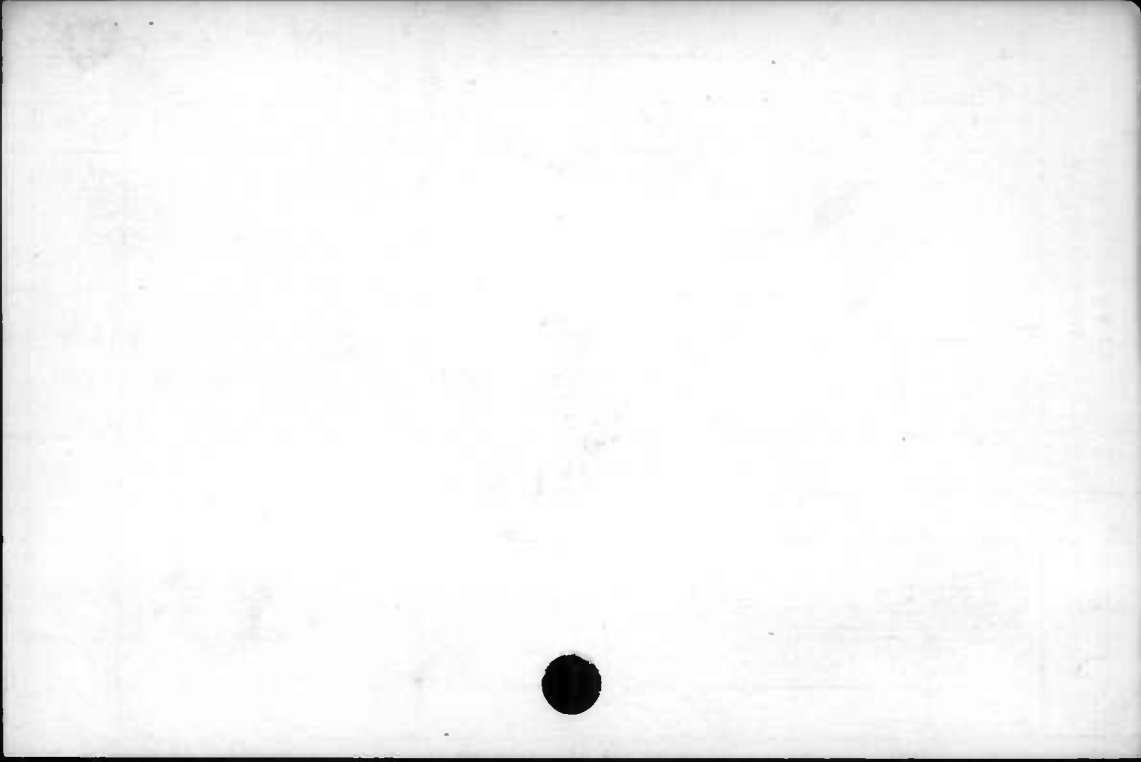
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name in Full		Elizabeth Trastle				11 CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Westminster, Maryland		County		MARYLAND		
	Date of death	1906	Month	Apr	Day	23	Age	68
	Sex	Female	Color or Race	White	Birthplace	Gettysburg, Pa.		
	Occupation	Retired		Where Residing if not at place of death				Westminster, Md.
	Married, Single or Widowed	Widow	Name of Wife or Husband		John Trastle (Deceased)			
	Father's Name	John P. Trastle			Father's Birthplace			Adams Co. Pa.
	Mother's Maiden Name	Rachel Labuan			Mother's Birthplace			Adams Co. Pa.
Name of person giving information	John Weigle			How related to deceased			Son-in-law	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Carcinoma of Pancreas				How long		Several years
	Immediate	" of liver, stomach, intestines "				How long		" months
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. Woodward	
					Address		Westminster, Md.	
Accident or Suicide?		No.						



Name  
in  
Full

Leroy C. Warfield

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Int Army</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month	<i>April</i>	Day	<i>2</i>	Years	<i>19</i>
Sex <i>male</i>		Color or Race <i>White American</i>		Months <i>6</i>		Days <i>9</i>	
Occupation <i>Salesman</i>		Where Residing if not at place of death <i>Baltimore Md.</i>		Birthplace <i>Gerardstown W. Va.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Linnel S. Warfield</i>		Father's Birthplace <i>Howard Co Md</i>					
Mother's Maiden Name <i>Valley B. Carter</i>		Mother's Birthplace <i>Middletown Va</i>					
Name of person giving information <i>Linnel S. Warfield</i>		How related to deceased <i>Father.</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>Heart failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. E. Taven</i>
	Address <i>Int Army Md</i>
Accident or Suicide?	



Name in Full		John White		No 8		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Westminster	County Carroll		MARYLAND	
	Date of death		1906	Month April	Day 15	Age 84	Years 1
	Sex		Male		Color or Race	White	
	Occupation		Retired		Birth-place Carroll Co Md		
	Where Residing if not at place of death						
	Married, Single or Widowed		Widower		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Don't Know		Father's Birthplace		
	Mother's Maiden Name		"		Mother's Birthplace		
	Name of person giving information		Benjamin Hahn		How related to deceased		
					Friend		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Old age		How long		
	Immediate		Heart		2 months		
	Are the name, age, sex, color, date and place correctly given above?		154		How long		
					One day		
Signature of Physician		John S. Matthes					
Address		Westminster Md					
Accident or Suicide?							

Green Mount cemetery.

Name In Full		John Williams				no 9 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Smallwood		County Carroll		MARYLAND	
	Date of death	1906	Month April	Day 15	Years 68	Months 8	Days 15
	Sex	Male		Color or Race	White		
	Occupation	Farmer		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	James. Williams				Father's Birthplace	Md
	Mother's Maiden Name	Elizabeth Frezzell				Mother's Birthplace	Md
Name of person giving information	Richard E. Williams				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Asthma			How long	10 years	
	Immediate	Paralysis of Heart			How long	1 hour	
	Are the name, age, sex, color, date and place correctly given above?			Yes			
	Signature of Physician			Thos. J. Gorman M.D.			
Address			Westminster				
Accident or Suicide?							

Deer Park, cemetery



Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Rebecca</i>		Town <i>York</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Manchester</i>		Month <i>Apr</i>		Day <i>4</i>		Age <i>73</i>	
Date of death <i>1906</i>		Months		Years		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Manchester</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Philip</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mrs. Race</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Rebecca</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long
Immediate <i>Insult</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Preston M.D.</i>
<i>Yes</i>	Address <i>Manchester Md.</i>
Accident or Suicide?	



Name in Full		George Guigling				No 7	
		Town				County	
		Died at Westminster				Carroll	
		Date of death		Month		Days	
		1906		April		1	
		Age		Years		Months	
		69		8		26	
		Sex		Color or Race		Birthplace	
		Male		White		Md.	
		Occupation		Where Residing if not at place of death			
		Trimmer		Home			
		Married, Single or Widowed		Name of Wife or Husband			
		Married		Annie Guigling			
		Father's Name		Father's Birthplace			
		Henry Guigling		Carroll Co. Md.			
		Mother's Maiden Name		Mother's Birthplace			
		Polly Eckard		" " "			
		Name of person giving information		How related to deceased			
		Annie Guigling		Wife			
CAUSES OF DEATH							
		Primary		How long			
		Dropsy		40 or 5 Years			
		Immediate		How long			
		Heart Failure		A few minutes			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Yes		Jas. H. Bellinger M. D.			
		No		Address			
		No		Westminster Md.			
		Accident or Suicide?					
		No					

Westminster Cemetery.